

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
Northern Virginia Regional Office

Mobile Source Operations Section

OPERATIONAL ORDER	NUMBER 5	EFFECTIVE DATE: June 10, 1991 Revised: February 23, 2001
SUBJECT PROCEDURES FOR OPERATING STATE VEHICLES	ORIGINATING UNIT MOBILE SOURCE OPERATIONS SECTION	

I. USE OF STATE VEHICLES

- A. State vehicles are to be used during normal work hours and for regular work purposes. Normal work hours are 7:45 a. m. to 4:30 p. m. Monday through Friday unless otherwise determined. The following are exceptions with permission from the manager of Mobile Source Operations Section (MSOS) or designee:
1. Any work related activity before or after normal work hours
 2. Traveling to and from training sessions
 3. Traveling on state business
- B. State vehicles are **not** for personal use.
- C. State vehicles are assigned by the Department of Transportation, through the Division of Fleet Management. (Attachment 1)

II. OPERATION OF STATE VEHICLES

- A. No persons other than MSOS employees may operate or be a passenger in a state vehicle unless approved by the MSOS manager or designee for official state business.
- B. Seat belts must be worn at all times while operating or riding in a state vehicle.
- C. The operator of a state vehicle shall obey all traffic laws and exercise courteous driving habits.

III. MILEAGE REPORTS

- A. A Monthly Motor Vehicle Trip Log (trip log) will be maintained on every vehicle. The trip log will be completed as follows:
1. At the beginning of each month, complete the following sections:
 - a. Agency/Central #
 - b. Agency Vehicle Assigned To
 - c. Safety Inspection due Date
 - d. Next Emission Inspection Due Date
 - e. Current Month and Year
 - f. Vehicle License #
 - g. Vehicle Make/Type
 - h. Year/Color
 - i. Car Phone #
 2. At the beginning of each day, record the following information:
 - a. Print Employee's Full Name
 - b. Date of Travel
 - c. Purpose of Travel and Destination
 - d. Cost Code #
 - e. Fund #
 - f. Program/Subprogram #
 - g. Project #
 - h. Starting Odometer Reading
 - i. Car Phone#
 3. At the end of the day, record the ending odometer reading and the number of miles traveled.
 4. At the end of the month, compute the total mileage for the month. Upon completion, submit the mileage report to the MSOS manager or designee. (Attachment 2)
 5. At the end of the month, the Mobile Source Program Specialist (MSPS) will contact each Vehicle Emissions Compliance Officer (VECO) for the vehicle mileage and record it on the assigned vehicle mileage sheet. The MSPS will also obtain and record the mileage for all MSOS vehicles not permanently assigned to a VECO.
 6. The MSPS shall prepare the monthly report to be forwarded to the Department of Environmental Quality Transportation Officer.

B. EQUIPMENT CHECKLIST

1. An equipment checklist will be completed once a month. Ensure that the following equipment (if issued) is in your state vehicle and is in good condition.
 - a. Departmental Span Gas and attachments
 - b. Lap Top Computer
 - c. Printer
 - d. Power Inverter
 - e. Binoculars
 - f. Vehicle Emissions Inspection Manual
 - g. Emissions Control Application Guide(s) (if available)
 - h. Required Forms
 - i. State Fuel Issuance Card (Blue & "Voyager")
 - j. Fire Extinguisher (if equipped)
 - k. Jumper Cables (if equipped)
 - l. Flares
 - m. First Aid Kit (if equipped)
 - n. Gloves
 - o. Other (Describe)
2. Sign and date the Monthly Mileage/Fuel Maintenance/Equipment Report at the end of the each month. (Attachment 3)

IV. DAMAGE REPORT

- A. In the event of damage to state property other than vehicle damage:
 1. Notify the MSOS manager or designee as soon as possible.
 2. Obtain names, addresses and phone numbers of all involved, including witnesses.
 3. Notify the State Police for purposes of having a report made, and obtain the report numbers and name of the state trooper that responded.
 4. Submit a memo to the MSOS manager or designee explaining the entire incident.
 5. Prepare Report of Equipment Damage. (Attachment 4)

- B. All reports will be forwarded to the Department of Environmental Quality Transportation Officer.

V. **ACCIDENT REPORT**

- A. In the event of an accident:

1. Notify the State Police immediately. All accidents involving a state owned vehicle must be investigated by the State Police. If there are injuries, so notify the dispatcher.
 - a. The State Police Number is 1-800-572-4510 (or #77 on a cellular telephone)
 - b. In an emergency dial "911" and inform the dispatcher of all circumstances including that the State Police must investigate and whether there are any injuries.
2. If possible to do so, vehicles must be moved so as not to obstruct the flow of traffic, but kept as close to the scene as possible in accordance with § 46.2-894 and § 46.2-888 (Attachment 5).
3. Obtain names, addresses, phone numbers and license numbers of all persons and vehicles involved.
4. Call the MSOS manager or MSPS as soon as possible.
5. Call Crawford and Company (attachment 6)
6. Complete the following forms:
 - a. Crawford and Company Accident Report (Attachment 7)
 - b. A memo to the MSOS manager or designee explaining the entire incident. (Attachment 8)

- B. The state vehicle should be taken or towed to the nearest Virginia Department Of Transportation (VDOT) facility for estimates on damage.

- C. All reports shall be forwarded to the Department of Environmental Quality Transportation Officer.

VI FUELING AND SERVICE

- A. Refueling and service should be done at a VDOT facility. A directory of Motor Vehicle Service Facilities is provided in each vehicle. This directory lists all VDOT facilities where fuel and service may be obtained. Refueling may also be done at State Police facilities. Fuel and service may be obtained at commercial facilities **only in emergencies**. In the event of road failure, contact the MSOS manager or designee and the nearest VDOT facility. VDOT can be contacted, if a breakdown occurs after hours, at 703-383-VDOT (8368) or 1-800-367-ROAD (7623).
- B. Two credit cards (blue and “Voyager”) are issued to each state vehicle. These cards are used for fuel and service on the specified state vehicle only.
 - 1. The blue card is for use at all VDOT and State Police facilities.
 - 2. The “Voyager” card is a universal credit card and is accepted and recognized by most oil companies in the United States. This card is for use at commercial facilities only. Confirm acceptance of this card before purchasing merchandise or service
 - 2. Restrict use of commercial facilities to emergency situations only and after consultation with the MSOS manager or designee. (Attachment 9)
 - 3. Restrict unwarranted service calls. (Attachment 10)
- C. Refueling a state vehicle is not a matter of “gas and go.” Great attention should be given to preventive maintenance. At every refuel, a maintenance check will be completed.
 - 1. Upon arrival at refueling facility, the VECO will first log-in on the daily activity field.
 - a. Specify location of refuel.
 - b. Under purpose, enter fuel and maintenance code, FM.
 - 2. Fuel the vehicle.
 - 3. A maintenance check will include, but not limited to, the following items:
 - a. Check the engine oil
 - b. Check the transmission fluid (Make sure the vehicle is in park, with the parking brake on and engine at idle.)

- c. Check the radiator for leaks and check coolant level in overflow bottle. (Never remove the radiator cap when the vehicle is at operating temperature.)
 - d. Check battery and cables for corrosion
 - e. Check belts and hoses
 - f. Check other fluids (Power steering, brake, window wash)
 - g. Check exterior (Tires and pressure, all windows, windshield wipers, all lights.)
 - h. Check interior (Cleanliness, tears in seats and tears in rug, air conditioning and heating.)
- 4. Any areas that require attention shall be taken care of as soon as possible.
- 4. After completing the maintenance check, take the credit card into the VDOT warming room and run it through the manual credit card imprinter or fill out the required information for State Police Headquarters. (Attachment 11)
 - a. Set the imprinter to the number of gallons pumped.
 - b. Imprint and sign receipt using your name and department initials (DEQ/MSOS)
 - c. Record the tag number and mileage on the receipt.
 - d. **VDOT:** Retain the top copy and attach to the Monthly Mileage/Fuel Maintenance/Equipment Report.
State Police Headquarters: Retain the **green and yellow** copies. Leave the top two copies (white and pink) in the box.
- 6. Complete the refueling information section of the Monthly Mileage/Fuel Maintenance/Equipment Report and do the following:
 - a. Enter the date
 - b. Enter the mileage
 - c. Enter the number of gallons pumped
 - d. If refueled at a commercial facility, enter the cost
 - e. Enter the location of refueling
 - f. Enter the card number used
- 7. Log-out of the daily activity report.
- D. It is the responsibility of each VECO to maintain the vehicle to which the officer has been assigned. All mechanical problems and deficiencies should be noted and reported to the proper VDOT mechanical personnel for repair. (Attachment 12)

1. All repair receipts will be attached to the monthly mileage report and submitted to the MSOS manager or designee.
2. Routine preventative maintenance (PM) shall be performed every **6,000** miles. All other repairs will be performed on an as needed basis. It is the responsibility of each VECO to notify the MSOS program manager or designee the location of any vehicle left for extended service at VDOT.
3. Attach receipts of routine service/repair either performed or authorized by VDOT to the Monthly Mileage/Fuel Maintenance/Equipment Report. Sign and date the receipt. The date should reflect the day that the vehicle was picked up from the VDOT facility or the date of service, if the vehicle was not dropped off.
4. State vehicle operators should be aware of the importance and need for upholding a good public image by driving a clean vehicle.
 - a. Approved carwash locations:
 1. VDOT carwashes (no limit on number of washes per month).
 2. Embassy Autowash (Pool Vehicles one to two per month)
 - a. 10874 Lee Highway, Fairfax
 - b. 8788 Centreville Road, Manassas
 - c. 6217 Rolling Road, Springfield
 3. Embassy Auto Wash (Agency owned vehicles)
 - a. 10874 Lee Highway, Fairfax
 - b. 8788 Centreville Road, Manassas
 - c. 6717 Rolling Road, Springfield
 - d. 6814 Old Dominion Drive, McLean
 - e. 20900 Pigeon Hill Drive, Sterling
 - c. Ask for the VDOT Pool book on pool vehicles, a coupon must be picked up from the officer manager for agency vehicles.
 1. Enter the Date, Pool Number, Tag Number, Agency initials (DEQ/MSOS).
 2. Print and sign you name.
 3. Obtain receipts and attach to Monthly Mileage/Fuel Maintenance/Equipment Report.

ATTACHMENTS (12)

- 1) DOT State Vehicle Assignment Sheet
 - a) New Vehicle Assignment Sheet
 - b) Division of Fleet Management Report on Vehicle
 - c) Replacement Vehicle Assignment Sheet
- 2) Motor Vehicle Trip Log
- 3) Monthly Mileage /Fuel Maintenance/Equipment Report
- 4) Report of Equipment Damage
- 5) State Vehicle Code § 46.2-894 and §46.2-888
- 6) Crawford and Company Accident Information Sheet
 - a) State Police Emergency Phone Numbers
- 7) Crawford and Company Accident Report
- 8) Memo Detailing Incident
 - a) Memo to Department of Environmental Quality Transportation Officer
- 9) Fueling at Commercial Facilities
- 10) Service Calls on State Vehicles
- 11) Gas Receipts
- 12) Request for Vehicle Maintenance/Repairs



COMMONWEALTH of VIRGINIA

DEPARTMENT OF TRANSPORTATION
1401 EAST BROAD STREET
RICHMOND, 23219-1939W.M. COLAVITA
FLEET ADMINISTRATORDAVID R. GEHR
COMMISSIONER

March 30, 1998

Mr. Jay Gutshall
Transportation Officer
Dept. of Environmental Quality
P. O. Box 10009
Richmond, Virginia 23240-0009

Dear Mr. Gutshall:

In reference to your requests, we are assigning your agency the vehicle(s) listed below on a permanent basis.

<u>Pool #</u>	<u>License #</u>	<u>Operator</u>
P-70040	11738S	J. Michael Thompson

You may call for the vehicle(s) any regular work day between the hours of 8:00 a.m. to 4:30 p.m. at the Division of Fleet Management at 2400 West Leigh Street, Richmond, Virginia. A copy of the approved form CP-3 must be presented to the "New Car Shop" at the time of pick-up.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "William M. Colavita".

William M. Colavita
Fleet Administrator

WMC/fc

cc: Mrs. Shelia Anthony
Mr. Chris Klein

COMMONWEALTH OF VIRGINIA
DIVISION OF FLEET MANAGEMENT
REPORT ON VEHICLE

DATA PROCESSING ONLY

Date _____

Billing Code _____

Pool No. _____

Speedometer _____

Cost _____

New ☐

Old ☐

Date _____

Agency _____ Dept. of Environmental Quality

Vehicle Location _____

Vehicle Assignee J. Michael Thompson

Days Chargeable Old _____

New _____

ISSUED

Pool Number P-70040

License Number 11738S

Make and Model 1997 Aerostar

Mini-van

Odometer 14,736

Replacement of Pool No. _____

NEW
Temporary Assignment _____

Credit Cards ☐ Hwy. ☐ Commercial

Other Remarks _____

Signature of Operator

Operator's Drivers Lic. No.

Operator's Lic. Exp. Date

RETURNED

Pool Number _____

License Number _____

Make and Model _____

Type _____

Odometer _____

Replaced by Pool No. _____

Credit Cards Returned ☐ Yes ☐ No

Disposition: ☐ Sell ☐ Reassign

☐ Wrecked ☐ Salvage

Other Remarks _____

Signature of Operator



COMMONWEALTH of VIRGINIA

DEPARTMENT OF TRANSPORTATION
1401 EAST BROAD STREET
RICHMOND, 23219-1939

DAVID R. GEHR
COMMISSIONER

W.M. COLAVITA
FLEET ADMINISTRATOR

July 31, 1996

Mr. Jay Gutshall
Transportation Officer
Department of Environmental Quality
P. O. Box 10009
Richmond, Virginia 23240-0009

Dear Mr. Gutshall:

The following vehicle is being replaced and/or assigned to your agency:

<u>Pool #</u>	<u>License #</u>	<u>Repl. For</u>	<u>License #</u>	<u>Operator</u>
P-61353	11717S	P-0120*	---	J. Bowden

All personal materials and agency equipment are to be removed and the vehicle is to be cleaned prior to turn-in to Fleet Management. A commercial car wash is located within a few blocks of our facility. Call to determine details.

Our facility is open for pick-up between the hours of 8:00 a.m. and 5:00 p.m. during normal workdays. Fleet Management is located at 2400 W. Leigh Street in Richmond, Virginia. A copy of this letter must be presented at time of pick-up.

In order to expedite the process, you may telephone in advance and schedule a time for exchanging the vehicle. This will afford us the opportunity to have all paperwork in order and the vehicle ready prior to your arrival. Our number is 804-367-6940.

Sincerely,

William M. Colavita
Fleet Administrator

WMC/fc

cc: Mrs. Shelia Anthony
Mr. Chris Klein

*Turned in 7/16/96

RECEIVED
FLEET MANAGEMENT
JUL 31 1996

ATTACHMENT 1c)

Motor Vehicle Trip Log

NEXT EM. INSP.:

CAR PHONE #:

1: WISCONSIN COMMON FORMS Mileage Triplogs Maintenance Triplog Blank - Manual.xls

USE ADDITIONAL SHEETS IF NECESSARY

TOTAL MILES:

DEPARTMENT OF ENVIRONMENTAL QUALITY
MOBILE SOURCE OPERATIONS SECTION

Monthly Fuel/Maintenance/Equipment Report

Name: _____ Pool No.: _____ Tag No.: _____

Month: _____ Year: _____ Beginning Mileage: _____ Ending Mileage: _____

REFUELING INFORMATION					
NOTE: The following items should be checked at all refueling stops: Engine Oil, Transmission Fluid, Coolant, Other Fluids, Battery & Cables, Radiator & Heater Hoses, Interior & Exterior.					
Date	Mileage	Gallons	Cost	Location	Card Number
Services Performed at Refueling (i.e. - Adding Oil, Transmissions Fluid, etc.). Please list product, quantity and date.					

EQUIPMENT CHECKLIST				
Equipment	OK	N/A	Other	Comment
1. Departmental Span Gas & Attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Laptop Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Power Inverter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Binoculars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Vehicle Emissions Inspection Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Emissions Control Application Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Required Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. State Fuel Issuance Cards (Blue & White)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Road Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Jumper Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Flares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ATTACH ANY RECEIPTS OF SERVICE OR REPAIR PERFORMED OR AUTHORIZED BY VDOT

Operator's Signature: _____ Date: _____

Reviewed By: _____ Date: _____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HIGHWAYS AND TRANSPORTATION
REPORT OF EQUIPMENT DAMAGE

THE EQUIPMENT YEAR 1989 MAKE Chevrolet TYPE 4dr sdn E.D. NO. Pool No. MOTOR NG 9103

THE OPERATOR NAME Paul V. Crawford ADDRESS 7240-D Telegraph Square Dr
Lorton, Virginia 22079
AGE 31 IMMEDIATE SUPERIOR Steve McNamara OP. LIC. NO.

TIME AND PLACE OF ACCIDENT DATE June 23 19 94 HOUR 2:45 AM PM X
LOCATION Prior to Edsall Rd ROUTE I395 COUNTY Fairfax
Exit
CITY Alexandria STATE Virginia

DAMAGE CAUSED BY Non-Collision ☒ Fire ☐ Storm ☐ Theft ☐ Partial ☐ Total ☐
ESTIMATE OF LOSS \$500 LOCATION OF EQUIPMENT VDOT
Description of Loss Cut front bumper
Damaged transmission pan, Hole in floor panel, Brakes

In what direction was your equipment moving? South
Rate of Speed? 55mph What side of street? Center Lane of 3 lane high
Were your lights lit? No Condition of weather and street? Partly Cloudy and dry
If fire, what was equipment doing at time? N/A

State in detail how accident or loss occurred and what caused it.

Description
of accident
or loss

A large chunk of debris, possibly asphalt, was tumbling down the left
lane. Point of origin unknown. A vehicle in the left lane overran
the object which was then redirected into the path of the state vehicle
Due to surrounding traffic, I was unable to make any evasive maneuvers
other than braking, and the object travelled under the state vehicle
and caused the above described damage.

Report prepared by:

Paul V Crawford

Date

6/24/94

Approved

ADM
6/27/94

District Engineer

ATTACHMENT 4

§ 46.2-894. Duty of driver to stop, etc., in event of accident involving injury or death or damage to attended property.

The driver of any vehicle involved in an accident in which a person is killed or injured or in which an attended vehicle or other attended property is damaged shall immediately stop as close to the scene of the accident as possible without obstructing traffic, as provided in § 46.2-888, and report his name, address, driver's license number, and vehicle registration number forthwith to the State Police or local law-enforcement agency, to the person struck and injured if such person appears to be capable of understanding and retaining the information, or to the driver or some other occupant of the vehicle collided with or to the custodian of other damaged property. The driver shall also render reasonable assistance to any person injured in such accident, including taking such injured person to a physician, surgeon, or hospital if it is apparent that medical treatment is necessary or is requested by the injured person.

Where, because of injuries sustained in the accident, the driver is prevented from complying with the foregoing provisions of this section, the driver shall, as soon as reasonably possible, make the required report to the State Police or local law-enforcement agency and make a reasonable effort to locate the person struck, or the driver or some other occupant of the vehicle collided with, or the custodian of the damaged property, and report to such person or persons his name, address, driver's license number, and vehicle registration number.

§ 46.2-888. Stopping on highways; general rule.

No person shall stop a vehicle in such manner as to impede or render dangerous the use of the highway by others, except in the case of an emergency, an accident, or a mechanical breakdown. In the event of such an emergency, accident, or breakdown, the emergency flashing lights of such vehicle shall be turned on if the vehicle is equipped with such lights and such lights are in working order. If the driver is capable of doing so and the vehicle is movable, the driver may move the vehicle only so far as is necessary to prevent obstructing the regular flow of traffic; provided, however, that the movement of the vehicle to prevent the obstruction of traffic shall not relieve the law-enforcement officer of his duty pursuant to § 46.2-373. A report of the vehicle's location shall be made to the nearest law-enforcement officer as soon as practicable, and the vehicle shall be moved from the roadway to the shoulder as soon as possible and removed from the shoulder without unnecessary delay. If the vehicle is not promptly removed, such removal may be ordered by a law-enforcement officer at the expense of the owner if the disabled vehicle creates a traffic hazard.

MOVE It ——— It's the Law!

Have you ever been involved in a "fender bender" and left your car in a traffic lane rather than move it? If so, you are not alone. This is a fairly common behavior among Virginia motorists. Most people don't know that it is not necessary to wait for the police to arrive before moving the vehicles involved, so long as no one has been injured. If the vehicles can be driven, move them to a safe location, and then exchange the necessary information or contact the police. It's not just a good thing to do, it's the law (*Article II, Code of Virginia, §46.2-894*). When you leave your car on the road, you contribute to traffic back-ups which can cause other accidents. So the next time you're involved in a non-injury accident and your vehicle can be moved — **MOVE IT!**

What to do after an accident:

Check for injuries. Make sure your passengers and those in the other vehicle(s) are okay. If anyone is injured or killed, contact the police immediately. If no one is injured and you're blocking traffic, move your car out of the way first. Notify the police if any of the following conditions exist:

- ◆ there are injuries involved
- ◆ the cars cannot be moved
- ◆ one of the drivers appears to be intoxicated
- ◆ vehicle damage exceeds \$1,000
- ◆ one of the drivers has no insurance and/or when one of the drivers leaves the scene of the accident.

Warn oncoming traffic of the accident or hazard to prevent other accidents. Some common warning practices are raising your hood, turning on your emergency flashers and using flares. Common ways of letting motorists know you need assistance are tying a white handkerchief to your door, waving a red flag and using a flashlight at night. Remember, if you're waiting for assistance, be patient. Crossing a roadway or attempting to stop traffic can be dangerous, especially at night.

Exchange information. Give your name, address, phone number, vehicle license plate number, vehicle description, driver's license number and insurance information to anyone else who was involved in the accident. Get the same information from the others involved and the names, addresses and phone numbers of any witnesses.

If you're involved in an accident, here's how to access the State Police:

- ◆ Mobile phone: #711
- ◆ Phone: (804) 674-2000
- ◆ Give an exact description of accident location, including routes, streets, city, county and distance to nearest landmark (Exit number, mile marker, intersection, bridge, etc.).

EFFECTIVE AT 12:01 am ON 12-31-2000

**IN CASE OF ACCIDENT, PLEASE CALL
Crawford and Company at:**

1-866-219-6120

Witness Courtesy Card

PLEASE PRINT

YOUR NAME		TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
DATE	TIME	DID YOU SEE ACCIDENT HAPPEN
REMARKS:		

BG0074 08-94

USE REVERSE SIDE IF NECESSARY

Information Exchange

Use this card to obtain key information from the other driver involved.

NAME		TELEPHONE NO.	
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
NAME OF YOUR INSURANCE COMPANY			
YEAR AND MAKE OF VEHICLE	ARE YOU THE OWNER?	LICENSE NUMBER	
INJURED PASSENGERS		(ADDRESSES)	
WITNESSES		(ADDRESSES)	

Use Reverse Side If Necessary

State Police Emergency Telephone Numbers

Cellular: Emergency #77

Administrative Headquarters, Richmond, 24-hour response: 804-674-2000

Emergency TDD: 1-800-553-3144 Emergency TDD (Voice): 1-800-552-9965

Division 1 (Central Virginia): Emergency Toll-Free: 1-800-552-9965

Division 2 (Culpeper): Emergency Toll-Free: 1-800-572-2260

Division 3 (Appomattox): Emergency Toll-Free: 1-800-552-0962

Division 4 (Wytheville): Emergency Toll-Free: 1-800-542-8716

Division 5 (Hampton Roads): Emergency Toll-Free: 1-800-582-8350

Division 6 (Salem-Roanoke): Emergency Toll-Free: 1-800-542-5959

Division 7 (Northern Virginia): Emergency Toll-Free: 1-800-572-4510

STATEMENT OF ACCIDENT

Date of accident _____ 19 _____ Time _____

Where did accident happen? _____

Number of persons in your car? _____ Number of persons in other car? _____

Make of your car _____ License plate number _____ Year Model _____

Owner's Name and Address _____

Driver's name _____ Age _____ License Number _____

Driver's Address _____

What parts of your car were damaged? _____

Where can car be seen? _____ When? _____

What Company carries your automobile insurance? _____

Were you injured? _____ Was anyone injured? _____ Give name, age, and address of all those injured _____

Nature of injuries _____

Name and address of doctor _____

Where does injured person work? _____

Make of other car _____ License plate number _____

Owner's name and address _____

Rate of Speed and direction of travel _____
(Your Vehicle) (Other Vehicle)

Describe accident _____

(IF MORE SPACE IS NEEDED, USE OTHER SIDE OF THIS SHEET)

Names and addresses of all witnesses (Include all occupants of your car)

Did you report accident to authorities? _____ Where (Street address)? _____

Signed _____


Address _____

Date _____ 19 _____

Telephone number _____

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
MOBILE SOURCE OPERATIONS SECTION**

To: J. Michael Thompson
Program Manager

From: David A. Dolinger 
Vehicle Emissions Compliance Officer

Subject: State Vehicle Accident

Date: October 5, 2000

On October 4, 2000, at 12:05pm I was stopped at a traffic light at the intersection of Westfields Boulevard and Sully Station Drive when I was struck in the rear. The other driver and I looked at the damage to the vehicles and decided to pull off the road out of traffic. The police were notified and State Police Trooper W.S. McKinney (badge #553) arrived on the scene at approximately 13:00 to investigate. The driver of the other vehicle, Kenneth Ray Brady stated he was not paying attention. Trooper McKinney informed us he was going to cite Mr. Brady for failure to maintain a safe distance, and after checking the brake lights for proper operation on the Ford Aerostar I was driving he released me.

On October 5, 2000, I notified Wausau Insurance Company and was given a claim number (AB505090019). I contacted the DEQ Transportation Officer, Jay Gutshall for additional instruction to process the accident report (attachment 1). I was contacted by Dominic Skladzien of State Farm Insurance and given a claim number (460358643). As instructed by Jay Gutshall, I have faxed a copy of the accident report to Wausau, and forwarded the accident report with claim numbers and police information to him.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF AIR POLLUTION CONTROL
INTRA-AGENCY MEMORANDUM

DMSO

NOV 6 1990

RECEIVED

MEMORANDUM TO: Executive, Assistant Executive, Division, and
Regional Directors

FROM: David James *DJ*
Agency Transportation Officer

11-7-92
Copy! Distribute
+ File.

SUBJECT: Procurement of fuel at commercial stations for pool
vehicles

DATE: November 5, 1990

The Department of Transportation (VDOT) informed us that quite a few employees have been using full-service facilities and purchasing premium fuel for state vehicles. With the ever increasing cost of fuel, it is critical that we use the fuel facilities that are least expensive. VDOT's FY 90-91 budget anticipated a cost of \$0.85/gallon for gasoline. That cost has increased by 35% as a result of the crisis in the Middle East.

According to policy, employees are authorized to purchase fuel at commercial stations only in cases of emergency, and then only to use self service pumps and regular unleaded fuel. You must use state facilities whenever possible. Through proper scheduling there should be very few instances where commercial fuel is needed. VDOT has numerous facilities throughout the state. A facilities handbook showing their location should be in each pool vehicle. If you need additional copies, give me a call.

VDOT will continue to monitor the procurement of fuel at commercial stations. In those cases where the cost is extremely high or for full-service and premium gasoline purchases VDOT will request a written explanation and/or bill the using agency.



COMMONWEALTH of VIRGINIA

DEPARTMENT OF TRANSPORTATION
1401 EAST BROAD STREET
RICHMOND, 23219

RAY D. PETHEL
COMMISSIONER

M. F. HOUFF, J.
FLEET ADMINISTRATOR

May 10, 1991

MEMORANDUM

TO: HEADS OF STATE AGENCIES & INSTITUTIONS
ATTN: TRANSPORTATION OFFICER

RE: Service Calls

Service calls for minor mechanical failures are a continuing problem which if handled prudently can represent a substantial savings for the Commonwealth. Daily, state vehicles are towed to state garages, bills are received from commercial garages, or telephone requests come in to send mechanics to parking lots for no reasons other than a flat tire or the vehicle being out of fuel. Since this type of unwarranted service call is usually initiated at the agency level, the best control is also at the agency level.

It is therefore my intent to reduce or to at least control the occurrence of unwarranted service calls and thereby decrease overall expenditure of state funds. This will, however, shift the financial responsibility from Fleet Management to your agency, if for example an employee determines that he does not want to replace a flat tire with the spare. While I do not challenge an employee's discretionary right to request this type service, I do believe that the employee's agency and not Fleet Management, should pay the bill.

Some examples of unwarranted service calls are:

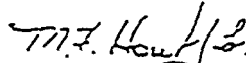
- o Vehicle out of fuel.
- o Install the spare tire on the vehicle (flat tire).
- o Keys locked inside vehicle.

To: Heads of State Agencies & Institutions
Attn: Transportation Officer
Page 2.

- o Battery discharged due to lights being left on. NOTE: Jump starts are tricky and if performed incorrectly can result in personal injury and/or damage to vehicle components. I do not recommend jump starts; however, unless a mechanical failure caused the battery to discharge the cost resulting for this type service call should be your agency's responsibility.
- o Accident damage which does not affect safety or ability to drive vehicle.

I realize there will be cases when an individual is not physically capable of changing a tire or does not have the expertise to determine the origin of a mechanical problem. In these instances the employee should call the local VDOT shop for assistance, or if an emergency situation arises after normal work hours, a commercial vendor. However, unless such calls are necessitated by a disabling mechanical problem such as an electrical failure or a defective fuel gauge, the resulting cost either by VDOT or the commercial vendor will be the responsibility of your agency.

Call me at (SCATS) 367-6525 if you have any questions.


M. F. Houff Jr.
Fleet Administrator

CC. Ray D. Pethtel
Albert W. Coates, Jr.,

02160 00000 0000012

92 DODGE SHADOW
CENTRAL GARAGE POOL

A4804 6

020495

5815302



VIRGINIA DEPARTMENT OF TRANSPORTATION

WHITE COPY TO OPERATOR	UC NO. 12-1665	1 GASOLINE 12.0 GALS
CANARY COPY TO DISTRICT SHOP	REC. BY. <i>[Signature]</i>	2 OIL OTS
CARD COPY TO FUEL FACILITY		3 GREASE LBS
		4 KEROSENE GALS
		5 HYDRAULIC OIL OTS
		6 ANTI-FREEZE OTS
		7 DIESEL OIL GALS
		8 CAR WASH EA

Social Security No.	Rate	Hours	Cd.	Route	City	State	Zip	Land Owner	Agency	Notes
										10-4-77 FUEL SUPPLIES ISSUED 10-4-77 10-4-77

SP 113, Rev. 1-3-66

DEPARTMENT OF STATE POLICE

075493

INTER-DEPARTMENTAL GASOLINE DELIVERY

Location of pump DIV 7

11.0 Gallons Gas S 820

 Quarts Oil S

Meter reading on pump after delivery 9668/84

Delivery received by *[Signature]*

Date of delivery 02/08/85

Department taking delivery DEQ-1150S

Car No. 02160

License No. 12-1665

Speedometer reading 27932

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTHERN VIRGINIA REGIONAL OFFICE
MOBILE SOURCE OPERATIONS SECTION

Request for Vehicle Maintenance/Repairs

VEHICLE INFORMATION	
Year:	Pool #:
Make:	Tag #:
Model:	Color:
Vehicle issued to:	Odometer reading:

REQUESTED SERVICE	
<input type="checkbox"/> Safety Inspection	<input type="checkbox"/> Emissions Inspection
<input type="checkbox"/> PM Service (Oil, Filter, Lube, etc.)	<input type="checkbox"/> Tune Up Service
<input type="checkbox"/> Other (Specify) : _____	

VECO (Print): _____

Signature: _____ Date: _____

PLEASE CALL WHEN FINISHED
DEQ/MSOS PHONE (703) 583-3900